

**PART B—ISSUE FEE TRANSMITTAL**

142-1250  
561-45.00

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)		
CHIRON CORPORATION INTELLECTUAL PROPERTY R440 PO BOX 8097 EMERYVILLE CA 94662-8097		INVENTOR'S NAME Street Address <b>RECEIVED</b> City, State and ZIP Code Publishing Division CO-INVENTOR'S NAME <b>SEP 03 1996</b> Street Address City, State and ZIP Code <b>GP</b>		
<input type="checkbox"/> Check if additional changes are on reverse side				
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08410,941	05/27/96	012	KEMMERER, E.	1812 08/06/96
First Named Applicant		GOSPODARCOWICZ, DENIS J.		
TITLE OF INVENTION		TRUNCATED KERATINOCTYE GROWTH FACTOR (KGF) HAVING INCREASED BIOLOGICAL		

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	0953.002	514-012.000	C80	UTILITY	NO	\$1250.00	11/06/96

45.00 Soft Copies  
\$1295.00 TOTAL

3. Correspondence address change (Complete only if there is a change)		4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	
		1 Paul B. Simboli 2 Grant D. Green 3 Robert P. Blackburn	

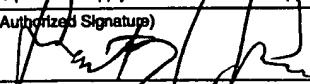
DO NOT USE THIS SPACE

610 SL 07/12/96-08410941  
1 142 1,250.00 CR  
1 561 45.00 CR

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: <b>Chiron Corporation</b>	
(2) ADDRESS: (CITY & STATE OR COUNTRY) <b>Emeryville, California</b>	

- A.  This application is NOT assigned.  
 Assignment previously submitted to the Patent and Trademark Office.  
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <b>15</b>	
6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <b>03-1664</b> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.	
(Authorized Signature) 	(Date) <b>8/27/96</b>
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING OF REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on August 28, 1996  
(Date)

Diane D. Glioza  
(Name of person making deposit)

Diane D. Glioza  
(Signature)

August 28, 1996  
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.